


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90055 035 \*\*\*150.00

<b>DOCUMENT # P02000120005</b>	
1. Entity Name <b>GULF ATLANTIC ACQUISITION CORP.</b>	

Principal Place of Business <b>9029 GLEN EAGLE WAY TALLAHASSEE FL 32312</b>	Mailing Address <b>9029 GLEN EAGLE WAY TALLAHASSEE FL 32312</b>
--	--

**54028366**



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>SIS MEADOW RIDGE CT.</b>	3. Mailing Address <b>SIS MEADOW RIDGE CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TALLAHASSEE, FL</b>	City & State <b>TALLAHASSEE, FL</b>	4. FEI Number <b>33-1055887</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32312</b>	Country <b>USA</b>	Zip <b>32312</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>SPIVEY, H. RUSSELL JR. 9029 GLEN EAGLE WAY TALLAHASSEE FL 32312</b>	
---	--

7. Name and Address of New Registered Agent	
Name <b>Brian S. Orkin</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>SIS MEADOW RIDGE CT</b>	
City <b>TALLAHASSEE</b>	Zip Code <b>FL 32312</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Brian S. Orkin* (NOTE: Registered Agent signature required when reinstating) DATE 4/5/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SPIVEY, H. RUSSELL JR. 9029 GLEN EAGLE WAY TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPIVEY, H. RUSSELL JR. 9029 GLEN EAGLE WAY TALLAHASSEE FL 32312 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President H. monty WEIGEL 8613 ROSEMONT DR. PENSACOLA, FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIVIS BRIAN S. ORKIN SIS MEADOW RIDGE CT. TALLAHASSEE, FL 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian S. Orkin* **BRIAN S. ORKIN** 4/5/04 **850.443.5093**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #